

**SUBDIVISION APPLICATION FORM
ALTON PLANNING BOARD
ALTON, NH**

DATE REC'D _____

CASE # _____

OWNER(S) OF RECORD: _____

MAILING ADDRESS: _____

PHONE: _____

LOCATION OF DEVELOPMENT: _____

TAX MAP _____ LOT _____

ZONING OF PARCEL _____

SITE IN ACRES _____

SQUARE FEET _____

NUMBER OF LOTS, INCLUDING REMAINDER: _____

FRONTAGE ON WHAT ROAD(S); INCLUDE NEW ROAD NAME IF APPLICABLE:

WATER: MUNICIPAL _____ OR WELL _____

AGENT OF THE OWNER OR CONTACT PERSON:
NAME _____

ADDRESS _____ PHONE _____

WAIVERS REQUESTED: YES _____ NO _____ INCLUDE WRITTEN REQUESTS

SPECIAL EXCEPTION OR VARIANCE GRANTED BY THE ZBA: YES _____ NO _____

IF YES, PROVIDE THE APPLICABLE DATE(S) _____

THIS PLAN REPRESENTS AN AMENDED PLAN: YES _____ NO _____

DATE OF CONCEPTUAL CONSULTATION, IF ONE: _____

DATE OF DESIGN REVIEW, IF ONE: _____

FEES: \$150.00 PER LOT _____ \$5.00 PER ABUTTER/APPLICANTS/ETC. _____
\$10.00 OWNER ABUTTER NOTICE _____ \$60.00 NEWSPAPER NOTICE _____

I/WE CONSENT TO ALLOW THE ALTON PLANNING BOARD OR ITS REPRESENTATIVE TO MAKE
ON SITE INSPECTION(S) OF MY/OUR PROPERTY AS DEEMED NECESSARY FOR THE
EVALUATION OF MY/OUR SUBDIVISION APPLICATION.

I/WE UNDERSTAND ALL INFORMATION REQUIRED BY REGULATION MUST BE SUPPLIED, OR A
WRITTEN WAIVER REQUEST MUST ACCOMPANY THE APPLICATION. NONCOMPLIANCE IS
GROUNDS FOR DENIAL (RSA 676:4).

SIGNATURES OF APPLICANTS:

DATE _____

DATE _____

SIGNATURE OF AGENT:

DATE _____